DOCUMENT RESUME

ED 350 109 PS 020 872

TITLE	Family Support Programs and the Prevention of Alcohol and Other Drug Abuse (AOD).
INSTITUTION	Family Resource Coalition, Chicago, IL.; National Resource Center for Family Support Programs, Chicago, IL.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE	[91]
CONTRACT	90-CJ-0960
NOTE	5p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Adolescents; *Alcohol Abuse; American Indians; Asian Americans; At Risk Persons; Children; *Community Programs; Cooperative Programs; *Demonstration Programs; *Drug Abuse; Early Intervention; Elementary Secondary Education; Family Health; Family Involvement; *Family Programs; Parent Education; Parent Participation; *Prevention; Program Descriptions; Urban Problems; Youth Programs
IDENTIFIERS	*Family Support; Native Americans

ABSTRACT

This overview examines underlying precepts and components of family support programs. The role of the family in a child's resistance to alcohol and other drug (AOD) abuse is discussed. Comprehensive prevention programs encompassing the family, school, and community have shown more promise in helping children avoid AOD abuse than programs that rely on one approach. Highlighted are six such comprehensive programs: (1) Families Matter!, a parent involvement component of an AOD prevention program in Wilmington, Delaware, designed for high-risk families; (2) Asian Youth Substance Abuse Project, a joint effort among drug treatment agencies serving at-risk Asian youth in San Francisco; (3) Bankhead Courts/Inner City Families in Action, a program serving African American families living in public housing in Atlanta, Georgia; (4) Families and Schools Together, a collaborative effort among elementary schools, a mental health agency, an AOD prevention agency, and families in Madison, Wisconsin, to assist students at risk for involvement with AOD; (5) Illinois Network to Organize the Understanding of Community Health (In Touch)--a collaborative effort in the state of Illinois to provide the structure, resources, and training for community-based AOD prevention programs; and (6) the American Indian Prevention and Treatment Program, which serves poverty-level native Americans in Tulsa, Oklahoma. Four resource organizations that may be consulted for additional information on family support and AOD are profiled. (SM)

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Family Support Programs and the Prevention of Alcohol and Other Drug Abuse (AOD)

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Overview of Family Support Programs

PREMISES OF FAMILY SUPPORT

The influence of the family on a child cannot be overestimated. The family is a child's first source of information and the primary model for how a child experiences relationships. It helps a child begin to communicate and learn personal and cultural values and beliefs. The family teaches a child ways to live in a complex world, and it provides a child with a sense of belonging and a foundation for self-esteem. Families, and specifically parents, who are confident and effective in these responsibilities are more likely to raise healthy and productive children.

Dramatic changes have occurred in the structure and patterns of family life in the U.S. over the past 20 years. The population has become increasingly mobile, and parents often function without help from extended family. Divorce rates have risen. Many children are born to unmarried mothers or raised in a single-parent household. Others are "latchkey" children whose parents work outside the home. Family support programs have emerged in response to these changes. The settings in which they operate vary widely, as do the types of services and resources they offer to families. But all programs are geared toward a common goal: increasing the ability of families to successfully nurture their children.

Family support programs emphasize a proactive approach toward the prevention of problems. To this end, they provide supports which can enhance effective functioning within the family. At the same time, they foster a sense of family self-sufficiency and empowerment. The structured incorporation of the family into all aspects of a program to enhance a child's development sets family support programs apart from other kinds of family services.

All family support programs are based on the following precepts:

- Families have primary responsibility for their children's development and well-being; they need resources and supports that will enable them to fulfill that responsibility effectively.
- Healthy families are the foundation of a healthy society. Families who are unable to promote their children's development ultimately place the entire society at risk.
- Families operate as part of a total system. Children cannot be viewed as separate from their families, nor can families be viewed separately from their communities, their cultural heritage or the society at large. Decisions made on behalf of children must consider the ways in which these various systems are interconnected.
- The systems and institutions upon which families rely for support must assist families' efforts to effectively raise their children. They must adjust and coordinate their services so that they don't hinder families' abilities to maintain positive environments for their children.

TYPICAL PROGRAM COMPONENTS

Family support programs operate successfully in diverse communities and settings. Many are separate, freestanding, non-profit agencies; others are sponsored by churches, hospitals, schools, day-care centers, or colleges and universities. Specific program content and structure are determined by the needs of the families being served, and are designed to complement already existing community services and resources. Most family support programs include the following:

- life skills training. This may include family literacy, education, employment or vocational training, or promoting personal development skills such as a problem solving, stress reduction, and communication.
- parent information classes and support groups. These provide instruction in child development and opportunities for parents to share their experiences and concerns with peers.
- parent-child groups and family activities, which provide occasions for parents to spend more time with their children
- childcare for parents who are participating in a particular class or activity
- newsletters providing information on programs, activities and available resources for families
- information and referral services
- crisis intervention/family counseling to respond to parents' special concerns about their children or specific family issues
- auxiliary support services such as clothing exchanges, emergency food, transportation.

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Prevention of AOD

THE ISSUE OF AOD

The United States has one of the highest incidences of drug and alcohol abuse among industrialized nations. It's estimated that nearly 375,000 infants are born drug-exposed each year, a result of the fact the nearly 20 percent of young, first-time mothers regularly use alcohol and/or other drugs during their pregnancies. About 25 percent of U.S. youth acknowledge the use of one or more illicit drugs, and young adults –from 18 to 25—abuse alcohol and use crack cocaine more than any other age group.

Research has shown that young people who abuse drugs are more likely to become addicted, perform poorly in school, disrupt family relationships, engage in unprotected sex, drive drunk, have difficulty maintaining a job, and spend time in prison than their peers who avoid the use of alcohol and other drugs. The widespread availability and use of illegal drugs have created painful problems for children and families. Parents and professionals must become actively involved in finding ways to address the issue of AOD among young children and youth.

THE FAMILY'S IMPACT ON RESISTANCE TO AOD

Several critical factors affect the role the family plays in a child's ability to resist the pressure to use alcohol and other drugs. Some family practices can increase the risk of drug abuse. These include:

- a loose family structure in which communication is poor
- inconsistent parental behavior and modeling
- unclear expectations and/or lax supervision of behavior
- harsh and/or inconsistent punishment, coupled with few and/or inconsistent rewards for positive behavior.

The family's attitudes toward alcohol and drug use exert a major influence on a child's own expectations about illicit substances. In addition, use of alcohol and illegal drugs in the family has been shown to increase the risk of drug abuse and alcoholism in a child. Family conflict can also be problematic for a child. Conflict puts children at greater risk than actual changes in family structure, including divorce.

Family awareness of a child's behavior can be critical in recognizing and preventing the development of drug-related problems. Many behaviors are warning clues. These include early antisocial behavior, early experimentation with any drugs, and, most important, association with peers who use drugs. The more families know, the better able they are to reduce the risk factors for drug use before it escalates into drug abuse.

Family bonding, particularly during adolescence, is an important factor in protecting youth from AOD. Positive relationships within the family appear to help protect adolescents from developing an abuse problem. And surveys have shown that strong ties to parents who clearly express values of opposition to drug use may be the most important element in assuring a drug-free adolescence.

Family support programs can serve as an important resource to help parents become effectively involved in the prevention of AOD. Incorporating a family support component into AOD efforts can make them more successful, as well as empowering families and providing many additional benefits:

- Encouraging parents to become more positively involved in their children's lives
- Facilitating early detection and treatment of potential problems. Actively involved parents are more likely to receive information they need to be aware of AOD behaviors. They are also more likely to seek advice and resources that will help them in addressing their children's problems.
- Peer group influence on preadolescents and adolescents may be lessened when parents feel empowered and capable of interacting positively with their children.
- Parental involvement in prevention programs may serve as a catalyst and reinforcement for widespread community-based efforts to address the underlying conditions which may promote AOD.

Abuse Prevention Program Models

Comprehensive prevention programs which encompass the family, the school, and community support have shown far more promise than those which rely primarily on a single approach to reducing drug and alcohol abuse.

The following are AOD prevention programs with a family support orientation. Many of these programs receive funding from the Office for Substance Abuse Prevention (OSAP), established in 1986 within the Department of Health and Human Services.

MODEL 1: FAMILIES MATTER!

Families Matter! is the parent involvement component of a three-level AOD prevention program in Wilmington, Delaware. Operating out of a group of community centers, the program is designed for low-income, high-risk families. It provides parent support and education, as well as a public education program for youth that stresses the importance of remaining alcohol- and drug-free.

Families Matter! employs part-time family coordinators who live in the communities they serve and build personal relationships with the families through home visits, telephone calls, personal meetings and/or personal correspondence. They assist parents' efforts to develop the skills necessary to improve family communication, cope with conflict, set reasonable limits, build effective relationships with the schools, and utilize available social support networks.

The program schedules monthly parent meetings and parent and youth activities at the community centers. A monthly parent education newsletter is sent to participating families.

Parent meetings provide opportunities for interaction and for gaining information about connecting with community resources. Parents are encouraged to propose topics for the parent meetings, and the family coordinators reinforce the themes of these meetings during their regular visits.

The program now operates in six rural communities in Delaware. To date, more than 700 families, primarily African American headed by single parents, have participated.

MODEL 2: ASIAN YOUTH SUBSTANCE ABUSE PROJECT

Established in 1987, the Asian Youth Substance Abuse Project (AYSAP) is a joint effort among seven drug treatment agencies serving the needs of over 8,000 at-risk Asian youth in San Francisco.

The agencies and personnel involved in the program are trusted members of the specific community they serve. The bilingual and bicultural staff involve parents and teens in programs that emphasize skill development, support groups, and educational outreach. Families are encouraged to participate in recreational activities, such as father-son outings and intergenerational history projects. AYSAP's culturally sensitive programming approach reinforces cultural strengths, validates the importance of both the Asian and American cultures and links prevention efforts to the natural support system present within the family.

The program's success lies in its understanding of the primary role the family plays in Asian cultures and in its awareness of the inherent differences among the various ethnic communities. It supports the families' ethnic strengths, while helping them bridge parent/child and cultural gaps.

For example, the program's Japanese component uses a mediation approach to family conflicts, similar to the role played by a respected relative. This shows a respect for the hierarchy within the Japanese family and minimizes loss of face.

Many families targeted by the Filipino component are active in the Roman Catholic community. The program creates primary linkages with local clergy, and priests function as partners in developing the various support programs and activities.

The Chinese component organizes semiannual family forums where parents and teens perform educational and humorous skits based on the immigrant experience and family communication. Follow-up discussions discourage the tendency to blame personalities, and instead build healthier approaches to solving family conflicts.

Many families served by the Vietnamese and Korean components are recent immigrants, and the programs focus on helping them cope with their adjustment to America. The staff connects families to schools, community services, and vocational resources.

MODEL 3: BANKHEAD COURTS/ INNER CITY FAMILIES IN ACTION

In 1990 Inner City Families in Action (ICFA) established a family support program in Bankhead Courts, a public housing project located in an isolated area of Atlanta, Georgia. All residents were African-American; nearly all the households were headed by women, and most received public assistance.

Using an apartment loaned to them by the Atlanta Housing Authority as a community center, ICFA staff made themselves available to the project residents and developed a program aimed at building self-esteem. They conducted personal door-to-door surveys, polling residents about their perception of drugs, safety and personal needs. They organized a committee to help the youth find summer jobs and developed a series of drug-education classes that combined practical information with experiential discussion. Classes are held using National Families in Action's drug education curriculum, *You Have a Right to Know*, and original class participants now teach the curriculum to others in the project.

ICFA delivers infant formula supplements to mothers who need them and has helped several residents obtain treatment for AOD. Arrangements have been made with a local bank so that residents can cash their checks without having to use fee-charging currency exchanges.

Early last year, ICFA began a second program at the Techwood Homes, another public housing community. Several Bankhead Courts residents now teach and work in this project.

MODEL 4: FAMILIES AND SCHOOLS TOGETHER

Families and Schools Together (FAST), which originated in Madison, Wisconsin, is a collaborative effort among elementary schools, a mental health agency, an AOD prevention agency, and families. It targets high-risk elementary school children who are not yet involved in AOD but who have been referred by their teachers. The families of these children are usually poor, with histories of AOD and minimal contact with schools or community services.

Using the school as a hub, FAST brings together families in the same district and creates a community-within-a-community. Each family unit is regarded as a team and the program focuses upon building the individual strengths of each team and increasing its participation in the community.

The program brings groups of families together for weekly meetings over a two-month period, which are followed by monthly meetings for at least two years. Within this framework, groups of up to twelve families have meals together, and strengthen communication skills. Parent support groups, recreational activities, and parent/child time are designed to build quality relationships and provide positive alternatives to drug and alcohol use.

Each team includes representatives from the schools and from cooperating agencies. They work with the parents and provide information, parenting skills, and techniques that may be useful to parents of children at risk. FAST has been replicated in communities throughout the country.

MODEL 5: ILLINOIS NETWORK TO ORGANIZE THE UNDERSTANDING OF COMMUNITY HEALTH (InTouch)

InTouch was started in 1985, as a collaboration between Illinois' Department of Alcoholism and Substance Abuse (DASA), the Illinois State Board of Education, and the Office of the Lieutenant Governor. An overall management system, it provides the structure, resources and training for community-based prevention programs throughout the state, as well as program activities and parent-child services through more than 125 local agencies funded by DASA. Training is geared toward specific issues, such as AOD, along with a broader program designed to help communities mobilize for change. Ongoing training is also offered in parenting, youth development and community development.

The Illinois Teenage Institute (ITI) and Operation Snowball, Inc. are two examples of youth development programs that are part of the InTouch system. ITI aims to build self-esteem, develop leadership skills, and promote resistance to AOD. More than one thousand Illinois high school youth attended ITI in 1991.

Many then serve as volunteer leaders and role models for other adolescents through Operation Snowball, a network of community prevention programs that leads weekend retreats and leadership training programs for high school youth. It has over 80 chapters throughout the state. Snowball has an 18-member board of directors, many of whom also are part of InTouch. This overlap further strengthens the coordinated approach to prevention in the state.

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MODEL 6: AMERICAN INDIAN PREVENTION AND TREATMENT PROGRAM

The American Indian Prevention and Treatment Program in Tulsa, Oklahoma serves a poverty-level Native American population. Its advisory board includes Native American professionals, tribal elders, parents, and youth, who are members of the community and sensitive to the families' isolation from traditional extended family and meaningful ritual and tribal experiences.

A cooperative effort helps provide participating families with assistance for basic survival necessities—food, housing, medical care, transportation, childcare, and employment assistance.

The content of the program reflects the value of family among Native Americans and provides a supportive environment. It reinforces traditional family and tribal links, the strengthening of which are crucial in prevention of AOD among Indian youth (whose rate of drug use is often two or three times that of non-Indian youth). Youth activities are designed to help youth maintain their cultural ties. The running club, for example, promotes health and the spiritual aspect of running.

Family events designed to build self-sufficiency are also sensitive to cultural traditions and the literacy level of participants. Activities focus on family communication, building relationship skills, stress reduction, tribal traditions, and job training. Family nights include parent-child activities and allow families to spend positive time together in a tribal or community atmosphere.

The availability of childcare promotes parents' attendance and also provides opportunities for early identification of developmental difficulties.

RESOURCE ORGANIZATIONS

Additional information and materials on the topics of family support and AOD can be obtained from the following organizations:

The National Resource Center for Family Support Programs (NRC/FSP)

Family Resource Coalition
200 S. Michigan Avenue, Suite 1520
Chicago, IL 60604
312/341-0900 FAX 312/341-9361

The National Resource Center for Family Support Programs (NRC/FSP) was established to assure the availability of current knowledge in the field of family support on the design, development, and implementation of family support programs.

The NRC/FSP operates a computerized database to document and disseminate information on exemplary and innovative family support programs around the country.

The core services of the Center include the identification and development of resource materials for policymakers and practitioners, such as program descriptions, bibliographies, program development manuals, training curricula and monographs; and the provision of technical assistance, training and consultations in the area of family support program design and operations.

NCADI: The National Clearinghouse for Alcohol and Drug Information

P.O. Box 2345
Rockville, MD 20852
1/800-729-6686 or 1/800-SAY-NO-TO (Drugs)

NCADI is the national citizen information and resource center for all aspects of alcohol and other drug abuse. NCADI specialists do database searches; mail grant announcements and application kits; take subscriptions for *Prevention Pipeline*, a bi-monthly newsletter about prevention research, resources and activities; and give information about a free audiovisual loan service. A twice-yearly publications catalog lists free posters, booklets, fact sheets on individual drugs, and statistics; data for prevention program planners, health-care providers, and educators; and materials on treatment and rehabilitation, racial and ethnic minorities, the elderly, women, youth, AIDS, workplace programs, etc. The catalog also includes a list of the state RADAR (Regional Alcohol and Drug Awareness Resource) Network Centers. These incorporate clearinghouses, specialized information centers of national organizations, and the Department of Education's Regional Training Centers.

OSAP: The Office for Substance Abuse Prevention

U.S. Department of Health & Human Services
5600 Fishers Lane
Rockwall Building
Rockville, MD 20857
301/443-0369

- Promotes and distributes prevention materials (posters, brochures, resource kits, directories, program descriptions) nationwide
- Develops materials and disseminates information from its database (as NCADI) on prevention, intervention, and treatment for a range of audiences
- Provides continuing education for professionals in allied fields, and multicultural training workshops for professionals, parents and youth
- Supports community-based prevention programs through grants and on-site consultations
- Supports NCADI and RADAR (see specifics under NCADI)
- Develops partnerships with a variety of local, state, and national organizations to ensure a comprehensive approach to addressing AOD problems
- Sponsors a multi-year public education program, "Be Smart! Stay Smart! Don't Start!," targeted to preadolescents and teenagers

The Federal Drug, Alcohol, and Crime Clearinghouse Network

1/800-788-2800

This network was established in 1991 by the Department of Health & Human Services, the Department of Justice, the Department of Housing & Urban Development, and the Department of Education. One phone call provides access to any of seven federal alcohol and drug clearinghouses with information on the following: alcohol and other drug abuse and prevention; drugs and crime; drug-abuse treatment; drug-free workplace programs; alcohol and drug abuse prevention in public-assisted housing; AIDS; and criminal justice issues on the national and international level.

This publication was developed by the National Resource Center for Family Support Programs funded by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau—cooperative agreement no. 90-CJ-0960 under contract with the Family Resource Coalition.

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